

2009 Baldrige Regional Conferences Registration Information

Address Information

*First Name _____ Middle _____

*Last Name _____ *First Name for Badge _____
(Name will appear as entered above.)

*Company _____

Title _____

*Address _____ Address2 _____

*City _____ *State _____

*ZIP code _____ *Country _____

*Phone _____ Fax _____

*Email _____

*Required field

Sector

Please indicate the sector to which your organization belongs:

- ☐ Manufacturing ☐ Service ☐ Small Business ☐ Education ☐ Health Care
☐ Government ☐ Nonprofit

How did you hear about the 2009 Baldrige Regional Conferences?

- ☐ Received brochure in the mail
☐ From a colleague
☐ Baldrige Web site
☐ E-mail announcement
☐ Announcement in trade publication
☐ State or Local Quality Award Program
☐ Other: _____

Please select the conference you wish to register for.

- ☐ Milwaukee, WI, September 15, 2009
☐ Cambridge, MA, October 2, 2009

Please select the type of registration you wish to have.

	Advance*	Regular	On-Site***
Regional Conference			
<input type="checkbox"/> Individual	\$445.00	\$495.00	\$545.00
<input type="checkbox"/> Education Discount	\$395.00	\$445.00	\$495.00
<input type="checkbox"/> Group Discount**	\$395.00	\$445.00	\$495.00

Pre-Conference Workshop (Limit 60 registrants)

- | | | | |
|--|----------|----------|-----|
| <input type="checkbox"/> Pre-Conference Workshop
with conference registration | \$50.00 | \$50.00 | N/A |
| <input type="checkbox"/> Pre-Conference Workshop only | \$150.00 | \$150.00 | N/A |

*** Advance registrations must be submitted by 5:00 pm EDT, August 24 for Milwaukee, WI and by 5:00 pm EDT September 10 for Cambridge, MA.**

**** All registrations must be submitted at the same time to receive the group discount.**

*****On-site rates apply after 5 pm EDT, September 9 for Milwaukee, WI and after 5 pm EDT September 28 for Cambridge, MA as these registrations will have to be completed on-site.**

Special Needs

- ☐ Check here if you wish to be contacted.

Do you have any special needs and/or dietary restrictions that we can address to make your participation more enjoyable? Please indicate these special needs in the space below:

Payment Information

- ☐ Check or money order (Make check payable to "MBNQA Foundation").
- ☐ Credit Card - **Your Credit Card Statement will list "Baldrige Regional Conference" as the Payee.**
- ☐ Visa
 - ☐ MasterCard
 - ☐ American Express

Card Information

Name as it appears on the card: _____

Account number: _____

(CID/SVC number): _____

This three- or four-digit number must be provided if you are paying by credit card. American Express: the number can be found above the embossed account number that appears on your card. Visa or MasterCard: the number can be found on the signature strip on the back of the card and is the last three printed numbers.

Expiration date: _____

Signature: _____

- ☐ By checking this box I have read and fully understand the conditions of this registration form and applicable registration and cancellation fees. If a credit card number has been provided, I authorize MACC to charge this card for all applicable registration fees. My credit card statement will read "Baldrige Regional Conference".